

(2007) Corneal Refractive Surgery APL reduces I/O information to the following:

- **1. Type Surgery / date** (PRK, LASIX, LASIK> 3mo's for applicants)
- **2. Pre-OP Refraction*** – (Manifest or Cycloplegic)
- **Final or current visual testing results/date (1 set only):**
 - **3. Visual Acuity,** (each eye)
 - **4. Refraction** (1A-1W, RO-RW still require a current cyclo)
 - **5. Slit Lamp** (Haze =0 is only acceptable value)
 - **6. Topography** (noted as done/date/acceptable)
 - **7. Contrast Sensitivity*** (date/values each eye= 20/60 or less)

NOTE:

- **If above fails to meet APL Standards for I/O, the FDME is DQ pending a formal AMS / Exception-Waiver Request.**
- **The APL standards are not changed,; only change is decrease in the amount of information required for I/O.**
- **Wait-time from surgery to I/O eligibility is 6 wks for existing aircrew personnel, 3 months for applicants).**
- **Pre-Op Refraction must be: Sphere -6 to +4, Cylinder -3 to +3**
- *** If Pre-Op Refraction and/or Contrast Sensitivity Testing are not reasonably available, then enter FS comment to effect.**
- **If Contrast Sensitivity Testing not submitted; then FS should substitute comment noting no reported no night vision difficulties, excessive glare, halos, or distortions.**
- **Enter the required I/O information in FDME Remarks/Notes, use the cut and paste below, or include if still doing hard copy submissions.**

CORNEAL REFRACTIVE SURGERY INFORMATION REQUIRED
by the Army Aero-Medical Activity (AAMA) for determination of Flight Qualification

1. Procedure: Date of Procedure: _____ **Type (circle one) PRK LASIX LASIK**

2. Pre-operative Refraction

OD: _____ OS: _____

3. Post Operative Follow-up Examination (>6 weeks post-op when returning to flight)

Last /Current Exam Date	Visual Acuity (Distant)	Visual Acuity (Near)	Slit Lamp Exam for HAZE (0= no haze, 1= trace, 2=minimal, 3= moderate, 4= iris obscured) Note: Only "0" (no haze) is passing.
	OD _____ OS _____	OD _____ OS _____	OD : 0 1 2 3 4 OS : 0 1 2 3 4

4. Corneal topography, post operative: copy available ____ Date ____ Acceptable ____

5. Contrast Sensitivity (post operative)

☐ Contrast Sensitivity Testing done, Date ____ Results:

OD: _____ (Std is 20/60 or better each eye)

OS: _____ (Std is 20/60 or better each eye)

(or)

☐ Contrast Sensitivity testing is not readily available; Applicant denies difficulty with night vision to include increased glare, halos, starbursts, or other visual distortions.

Class 1A/1W Applicants (Required ONLY IF the Refractive Surgery was done AFTER the FDME vision/cyclo testing)

1. Post-operative, Cycloplegic refraction (if not reported on 2808 already):

Cycloplegic Refraction

OD _____

OS _____

2. Post-operative, Pass of Class I vision standards (if not reported on 2808 already):

Distant Vision

Near Vision

Right 20/_____ Corr to 20/_____ 20/_____ Corr to 20/_____

Left 20/_____ Corr to 20/_____ 20/_____ Corr to 20/_____

3. ~~Post-operative: Intraocular Tension O.D. _____ O.S. _____ (if not reported on 2808 already)~~